GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:390
ANSWERED ON:03.02.2017
Doctor-Patient Ratio
Antony Shri Anto ;Dhurve Smt. Jyoti;Diwakar Shri Rajesh Kumar;Jena Shri Rabindra Kumar;Kamal Nath Shri ;Khan Shri Md. Badariddoza;Mahto Dr. Banshilal;Manjhi Shri Hari;Mishra Shri Bhairon Prasad;Nete Shri Ashok Mahadeorao;Patel Shri Devji Mansingram;Patel Shri Subhash;Patle Smt. Kamla Devi;Ram Shri Vishnu Dayal;Ray Dr. Ravindra Kumar;Shiyal Dr. Bharati Dhirubhai;Sigriwal Shri Janardan Singh;Singh Shri Devendra (Alias) Bhole Singh;Singh Shri Sunil Kumar

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of requirement and availability of doctors in the country particularly in rural, remote and hilly areas in the country, State/UT-wise along with the existing doctor-patient/people ratio;

(b) whether there is a shortage of doctors and other health professionals in rural and remote areas of the country and if so, the details thereof and corrective measures taken/ being taken by the Government for speeding up the recruitment process in this regard;

(c) whether the Government proposes to make it mandatory for the doctors to render service in rural areas and if so, the details thereof and if not, the reasons therefor;

(d) whether the Government proposes to start new medical courses including restarting the earlier practiced Integrated System of Medicines and Surgery which includes the ayurveda and allopathy to address the acute shortage of doctors in the country, and if so, the details thereof along with the time by which the decision is likely to be taken in this regard, if not, the reasons therefor; and

(e) the other measures taken/being taken by the Government to improve the doctor patient/ people ratio in the country?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): As per Rural Health Statistics (RHS) 2015-16, State/UT wise details of requirement and availability of doctors, specialists at Primary Health Centers (PHCs) and Community Health Centers (CHCs) are at Annexure. As per information provided by Medical Council of India, there are a total 9,88,922 allopathic doctors registered with the State Medical Council/Medical Council of India as on 30th June, 2016. Assuming 80% availability, it is estimated that around 7.91 lakh doctors may be actually available for active service. It gives a doctor-population ratio of 1:1668 as per current population estimate of 1.32 billion.

(b): Health being a State subject, the primary responsibility to ensure availability of doctors and other health professionals in public health facilities lies with the State Governments. However, under National Health Mission (NHM), technical and financial support is being provided to States/UTs for strengthening their health care system.

(c): The issue of compulsory rural posting has been left to the wisdom of the State Governments who are the principal employer of doctors. However, to encourage doctors working in remote and difficult areas, the MCI with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide :-
I. 50% of the seats in Post Graduate Diploma Courses shall be reserved for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas. After acquiring the PG Diploma, the Medical Officers shall serve for two more years in remote and/or difficult areas; and

II. Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Further, under NHM, financial incentive is also provided to MBBS as well as PG doctors for serving in the rural areas. These incentives are over and above the salaries of the doctors concerned.

(d): Section 15 of Indian Medical Council Act, 1956 prohibits persons other than a medical practitioner enrolled on a State Medical Register to practice medicine in any State. Similar provisions are also available in the Indian Medicine Central Council Act, 1970 which does not allow practitioners of modern medicine to practice Indian System of Medicine.

(e): The Government has taken various steps to increase the number of doctors. These efforts include-
(i) The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for

Asso. Prof. from 1:1 to 1:2 if the Asso. Prof. is a unit head. This would result in increase in number of PG seats in the country.

(ii) DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.

(iii) Enhancement of maximum intake capacity at MBBS level from 150 to 250.

(iv) Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.

(v) relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.

(vi) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.

(vii) Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.

(viii) Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.